

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2015
NAME OF PROVIDER OR SUPPLIER QUALITY CARE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All new facilities shall conform to the 2006 edition of the International Building Code, except for Chapter 11 pertaining to accessibility and except for Chapter 27 pertaining to electrical requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code; the 2006 edition of the International Fuel and Gas Code; the 2006 edition of the National Fire Protection Code (NFPA) NFPA 1 including Annex A which incorporates the 2006 edition of the Life Safety Code; the 2010 Guidelines for Design and Construction of Health Care Facilities; the 2005 edition of the National Electrical Code; and the 2005 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. The requirements of the 2004 Americans with Disabilities Act (A.D.A.), and the 1999 edition of North Carolina Handicap Accessibility Codes with 2004 amendments apply to all new facilities and to all existing facilities that are enlarged or substantially altered or repaired after July 1, 2006. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes and regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility</p>	N 832	<p>As with the Department of Health, the safety and wellbeing of our Residents is our main goal.</p> <ol style="list-style-type: none"> 1. The magnetic locking hardware installed prior to the week of the Wilson County Fair which is adjacent to our facility has been removed. 2. No magnetic locking hardware will be installed in the future prior to the approval of TDH. 3. The Maintenance Staff has been educated on THD plans review and approval process. 4. The Administrator will ensure no new hardware is installed prior to THD approval. 	<p>09/08/15</p> <p>09/08/15</p>

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Samantha K. Kline, Admin.

09/04/15

Division of Health Care Facilities

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N 832	Continued From page 1 failed to submit plans for locking hardware to the Tennessee Department of Health (TDH). The findings included: 1. Observation on 8/18/2015 at 7:35 AM, revealed the facility had installed magnetic locking hardware without approval from the TDH. 2. Interview with the maintenance director on 8/18/2015 at 7:35 AM, revealed the facility submitted plans on 8/10/2015 after installing magnetic locking hardware. These findings were verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/18/2015.	N 832		

*SRH, Adm
09/04/15*